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• Northern Native American Health Alliance
• Fond du Lac Band of Lake Superior Chippewa
• Oneida Tribe of Wisconsin

Indian Health Service Tribal Injury Prevention Cooperative Agreements Program Newsletter

Volume 8, Issue 3 • September 2009

• California Rural Indian Health Board

Toiyabe Indian Health Project •

Hardrock Chapter •

• Navajo Highway Safety

• White Mountain Apache

Kaw Nation • • Osage Nation

• Caddo Nation

Indian Health Council •

Jemez •

San Felipe •

Kiowa Tribe •

• Choctaw Nation

• Quechan Indian Tribe

• Norton Sound Health Corporation

• Bristol Bay Area Health Corporation

• SouthEast Alaska Regional Health Consortium

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Welcome

Welcome to the **ninth** newsletter for the 2005-2010 funding cycle of the Indian Health Service (IHS) Tribal Injury Prevention Cooperative Agreements Program (TIPCAP). TIPCAP newsletters are distributed quarterly.

Please forward this PDF file to your Tribe's leaders and program partners. We look forward to more 'Notes from the Field' in future editions of the newsletter.

Note from Nancy Bill

Greetings to all!

As we approach the fifth year of the funding cycle, IHS will continue to provide technical assistance to foster sustainability of the TIPCAP programs. All of your programs have made progress in heightening the awareness of injury prevention in your communities. Each TIPCAP program is unique but all share similar challenges in engaging tribal leadership support and community ownership. The evaluation of local efforts is also challenging in injury data collection, analysis and reporting. Each community varies in data sources, access, and numbers. The materials from the skill building work session on summarizing your data at the Nashville workshop can serve as an excellent resource in preparing for your final year evaluations. It is important to review and reflect on the past years experiences in preparing for this fifth year cycle.

I would like to provide a brief overview of the Indian Health Service Injury Prevention Program priorities. The two priorities will be a major factor in the new RFP. The two program priorities are motor vehicle and unintentional fall prevention (+65 elderly). Motor



Nancy Bill, MPH, CHES,
IHS Injury Prevention
Manager

vehicle related injuries continue to be a leading cause of death for AI/AN populations. Reports on the effective strategies in motor vehicle injury prevention are available. These strategies include increasing occupant restraint use, enforcement and environmental modifications. Street lighting, pedestrian paths and improved roadway systems also contribute to a safer road user system for all. We need to continue to be vigilant in all areas of motor vehicle injury prevention.

Secondly, unintentional fall prevention is an area that needs more awareness and understanding. In the U.S., every 18 seconds, an older adult is treated in an emergency department for a fall, and every 35 minutes someone in this population dies as a result of their injuries. A single fall injury can contribute to hip fractures, traumatic brain injuries and nursing home admissions costing society millions each year. Unintentional falls are a leading cause of hospitalizations in AIAN communities. Falls have a devastating effect on our most vulnerable elderly population. Elders in AI/AN communities are also our most valuable resource. They contribute through their wisdom, experiences and serve a vital role in cultural preservation. Reports show AI/AN elders are also contributing as head of households as the primary caretaker for grandchildren. The evidence-based intervention in unintentional fall prevention is a comprehensive approach. The comprehensive approaches involve collaboration with a multidisciplinary team: 1) clinical (MD, pharmacy, physical therapy, dietitian, optometrist); 2) an exercise program; and 3) home safety assessment. Lastly, the family support or social systems are important factors that can addressed at the community level.

If you have questions regarding the IHS Injury Prevention priorities, please call 301-443-0105 or email me at nancy.bill@ihs.gov. Keep up the great work!

Ahe'hee (thank you!)
Nancy Bill

New TIPCAP Coordinator

Hello. My name is **Emerson Goldtooth** and I am the new Injury Prevention Coordinator at the **Indian Health Council, Inc.** in California. I am an enrolled Navajo Tribal Member who left the reservation at 17 to join the U.S. Marine Corps. I have since worked in Research and Development for Exxon Mobile; in the Biometrics Department for the U.S. Department of State; and have conducted Non-Profit work in Mexico and Central America. I am currently a full-time student finishing a degree in Environmental Health, while raising three kids with my wife here in beautiful north San Diego County. I am looking forward to a good year with Injury Prevention!




Site Visit Summaries


Since the June/July 2009 newsletter, UNC team members Robert Letourneau and Carolyn Crump conducted seven TIPCAP site visits:


1. **Toiyabe Indian Health Project, CA**
2. **CA Rural Indian Health Board, CA**
3. **Choctaw Nation, OK**
4. **Kiowa Tribe, OK**
5. **Caddo Nation, OK**
6. **Kaw Nation, OK**
7. **Osage Nation, OK**


During each site visit, UNC Team members facilitated discussion to identify opportunities that IP Coordinators can use in summarizing existing and to-be-collected data related to IP Program objectives. During these discussions, participants reviewed each Year IV IP Program Objective to identify next steps for staff to summarize process and/or impact evaluation-related data. Additional site visit discussions focused on planning for TIPCAP Year V workplans, to be submitted with Year V continuation applications submitted in June 2009. The tables below highlight information about each visit conducted in June/July 2009. UNC Team members will conduct the remaining three visits (in Alaska) in late September/early October 2009.


Site	Date
Toiyabe Indian Health Project, CA	June 29-30, 2009
Participants	Photo
<ul style="list-style-type: none"> • June Piper, Coordinator • Kenny Hicks, Project Officer and Phoenix Area IP Specialist 	

Site	Date
California Rural Indian Health Board, CA	July 1, 2009
Participants	Photo
<ul style="list-style-type: none"> • Karen Santana, IP Coordinator • Barbara Hart, Public Health Nurse • Jackie Kaslow, Family & Community Health Service Director • Robert Newsad, Project Officer and CA Area IP Specialist 	

Site	Date
Choctaw Nation, OK	July 20, 2009
Participants	Photo
<ul style="list-style-type: none"> • Beckie Morris, IP Coordinator • Jennifer Davidson, IPP Assistant Director • Debbie Davenport, IPP Director • David Hogner, Project Officer/ District Environmental Health Officer 	

Site	Date
Kiowa Tribe, OK	July 21, 2009
Participants	Photo
<ul style="list-style-type: none"> • Amy Cozad, IP Coordinator • Farrel Smith, Project Officer and District Environmental Health Officer 	

Site	Date
Caddo Nation, OK	July 22, 2009
Participants	Photo
<ul style="list-style-type: none"> • Toni Short, IP Coordinator • Farrel Smith, Project Officer and District Envir. Health Officer • Harold Cully, Area Envir. Health Dir. 	

Site	Date
Kaw Nation, OK	July 23, 2009
Participants	Photo
<ul style="list-style-type: none"> Rebecca Monhatwa, IP Coordinator David Hogner, Project Officer/ District Envr. Health Officer 	

During a seatbelt surveillance check, all cars entering a location or passing a certain point are stopped by police officers and occupants are checked for proper restraints. For this particular check, all cars entering the Bishop Paiute Professional Building Parking Lot from 7:30 to 8:30 am were stopped by two officers from the California Highway Patrol. During the check, 71 cars, mainly Toiyabe or Bishop Tribal employees, were stopped and a seatbelt usage rate of 97% was observed. Each person 'caught' buckled was given a car thermometer (Lifemeter) and three lucky seatbelt users won movie tickets.

Site	Date
Osage Nation, OK	July 24, 2009
Participants	Photo
<ul style="list-style-type: none"> Crystal McKinley, CHR Manager Marie Rumsey, CHR Director Denise Sellers, Congrats Specialist Charity Webb, Project Officer/ Service Unit Sanitarian Harold Cully, Oklahoma City Area Environmental Health Director 	

We hope to conduct more checks in the future to promote the importance of buckling up. Since the first check was conducted for commuting adults, future checks may be more focused on overall passenger safety, including backseat passengers. The seatbelt surveillance check would not have been possible without the assistance of all our coalition members and their organizations, including: Pam White and Rick Frey, Preventive Medicine; Amanda Denver, Bishop Indian Head Start; James Rambeau, Pat Vance, and Kenny Lange, Toiyabe Maintenance; and the California Highway Patrol.



Oneida Nation Launches New Elderly Incentive Program

Submitted by: *Vanessa Miller, IP Coord.*
Oneida Tribe of Indians of Wisconsin
920-496-7357; vmiller@oneidanation.org

It is undisputable that injuries are a significant concern among our Native American people. Injuries are the leading cause of death among Native Americans ages 1-44. However, since other health complications seem to take center stage among our older population, it is often forgotten just how serious injuries are to our elderly as well. Older adults are at a higher risk for many types of injuries that can lead to disability or even death. As expected, at the top of this list lies falls. Falls are the leading cause of death among older Americans aged 65 and older.



Here on the Oneida reservation, approximately 80% of our older population resides in their own home. This sets up great potential for increased risk of serious injury. We at the Oneida reservation strongly believe that proactive prevention is the key to decreasing injuries and increasing overall wellness among our elderly. There is no arguing that fitness and consistent activity levels are key factors in decreasing elderly injuries and maintaining healthy, independent lives. In an effort to promote this effect, the Injury Prevention Coordinator is working hard to design and implement a NEW! *Elderly Incentive Program*.

Notes from the Field

In each TIPCAP newsletter, we highlight 'notes from the field' articles submitted by TIPCAP Coordinators and Project Officers. In this issue, we have updates from/about two TIPCAP sites/IHS offices:

- Toiyabe Indian Health Project, CA**
- Oneida Tribe of Indians of Wisconsin, WI**
- California Rural Indian Health Board, CA**
- Pueblo of Jemez, NM**
- Caddo Nation, OK**

First Tribal Seatbelt Surveillance Check in Bishop, CA

Submitted by: *June Piper, IP Coord.*
Toiyabe Indian Health Project, Inc.
760-872-8152 or june.piper@toiyabe.us



The Toiyabe Injury Prevention Coalition collaborated with numerous programs and agencies in the community to conduct a seatbelt surveillance check in Bishop, CA on July 22, 2009. This seatbelt check was the first to be conducted jointly with Tribal and municipal collaboration in the Bishop area.

Tribal-wide, the programs and services offered to our elders are abundant and diverse. The services we offer vary greatly, as our departments and staff have truly done a fantastic job with offering fun and exciting programs to our elderly. The problem lies with our attendance levels. For the majority of programs, however, participation is low. We have experienced significant problems recruiting new participants.

This new program is intended to coordinate these services into a unified curriculum. Items that will be included in this program include, but are not limited to: assessments of homes by our Health Center, getting regular physician examinations, exercise classes at our Fitness Center, participation in annual events such as Relay for Life and our pow wow, and attendance of educational events such as our Diabetes Clinic.

This incentive program is open to non-employee tribal member 55 years of age or older. Membership cards, along with brochures that explain the program, will be easily accessible. Activities and events included in the program will be broken down into three point classifications. The more effort the event requires, the more points it will be worth. Participants are given a card and whenever they participate in a designated event or activity, a staff member will sign the card. At the end of each month, cards will be dropped off at designated locations and delivered to the Injury Prevention Program. IP Program staff will tally points and contact winners. The top ten point earners for each month will receive a retail gift card. We have found this incentive generates a great deal of excitement throughout our elderly population.

Tribal departments and services that assist the elderly have shown great enthusiasm regarding this new program and are excited for it to launch. Several of the departments and services participating in this incentive program are Elderly Services, Family Fitness Center, Community Health Center, Social Services, and Recreation.

This program is in its beginning design stages and expected to be up and running by November of this year. Our hope is that with this new program, our elderly will start to form routines and friendship circles that exceed the scope of any program, but rather transform into a healthy lifestyle.

News from California

Submitted by Karen Santana, IP Coordinator, California Rural Indian Health Board; 916-929-9761; Karen.Santana@crihb.net



The Injury Prevention team at the California Rural Indian Health Board (CRIHB) kicked off Child Passenger Safety Week with the third annual Car Seat Inspection during Seat Check Saturday at the

Sacramento Native American Health Center on September 12, 2009. The UC Davis Trauma Prevention Program, California Highway Patrol and CRIHB collaborated to staff and advertise for the event. Announcements about the event made both local news channels and 25 seats were inspected at the event despite the rainy weather.



The next activity that the CRIHB IP team conducted during child passenger safety week was a trip to United Indian Health Services Potawatomi Health Village in Arcata California to host a Child Passenger technician continuing education training worth 6 CEUs to the team of technicians at this tribal health clinic. Technicians at the local county health departments and Ki'maw: Medical Center in Hoopa California were also in attendance of this training which also provided several networking opportunities. Arrangements are currently being made to host another CEU training for technicians in Bishop California in the near future. In the last year several requests for trainings have come from tribal health programs outside of the CRIHB member programs affirming that the *Pathways to Injury Prevention Program* reputation has grown far and wide.

One of the original goals of the program was to become a central point for injury prevention resources, information and training and the hope is that the program will continue to flourish and reach as many of the 109 federally recognized tribes in California as possible.



In addition to tribal outreach, the *Pathways* staff continues to support CRIHB member programs by assisting them in obtaining resources through grant funded projects. The California Kids Plates Programs supplied car seats to three programs and also to the *Pathways* program. *Pathways* also received 70 helmets from the California Kids' Plates Program and will plan a bike rodeo at the Point Arena Rancheria in the very near future.

Pueblo of Jemez Received Albuquerque Area Directors Award

Submitted by Maria Benton, IP Coord.
575-834-1001;
mabenton@jemezpuablo.us



The Jemez Injury Prevention Program was awarded the 2008 Indian Health Service Albuquerque Area Honor Award for its Community Injury Prevention Program.



Left: Pueblo of Jemez IP Program staff pose with the 2008 IHS Albuquerque Area Honor Award.

In 2008, 150 elders received Home Safety Assessments, educational materials, and home safety modifications (e.g., grab bars toilet rails, night lights) and 40 homes received smoke alarms. Child restraints were provided to 46 parents and the seat belt use rate was at 62 percent. Injury Prevention Safety education was provided to students at Jemez BIA Day School, San Diego Riverside Charter School, and Walatowa Head Start. The Injury Prevention Program also hosted the Youth Injury Prevention Conference which included students from 5 surrounding tribes.

In early September 2009, the Jemez Injury Prevention Program started its fifth year of the current TIPCAP funding cycle and will be presenting IP Safety Education to the Walatowa Head Start. Jennifer and Marlon conduct these sessions in the Towa dialect. We are coordinating the Safe Walk & Roll to Schools on October 7, 2009 with the Jemez BIA Day School, San Diego Riverside Charter School and Walatowa Head Start. This promotes safety in getting to school and gives us recommendations on improving the roads (dirt roads) the children use.

Caddo Nation Hosts Program Partnership Luncheon

Submitted by Toni Short, IP Coord.
405-247-9007;
tshort@caddonation.org



As part of UNC's site visit to the Caddo Nation in July 2009, I coordinated a meeting luncheon with some of the community partners and collaborators of the Caddo Nation Injury Prevention Program (CNIPP). I wanted the partners to have further understanding of the Injury Prevention Program. Those attending included partners with which I have built working relationships over the last 19 months, including many established during my 12-month IHS Program Development Fellowship Project that focused on underage drinking and driving prevention. At the luncheon, we were honored to have Caddo Nation Chairwoman Brenda Edwards greet and speak on behalf of CNIPP. Luncheon attendees included approximately 30 Tribal and city elected officials, and other program staff, including:

- o Brenda Edwards, Tribal Chairwoman
- o Louis Garrison, Lead Investigator
- o Chief Edwards, Anadarko Police
- o Leslie Holtom, 2M2L Southwest Oklahoma

Department

- o Captain McCulland, Caddo County State Trooper
- o Brett Burns, Caddo-Grady-Stevens-Jefferson County District Attorney
- o Jerry Marcum, Mayor of Anadarko
- o Chief Bennet, Anadarko Fire Department
- o Lieutenant Vowel, Caddo County State Trooper
- o Thomas Edders, Caddo County State Trooper
- o Dan Morreno, Caddo County State Trooper
- o Thomas Setter, Caddo County State Trooper
- o Scott Bains, Assistant District Attorney

Regional Coordinator, Oklahoma Office of Highway Safety

- o Dewight Piking, Caddo Nation Education Director
- o Vickie Pickering, Caddo Nation Public Relations Director
- o Melvina Dumbo, Wichita-Apache NAIPC member
- o Bonita Paddyaker, Comanche NAIPC member
- o Zack Grinnel, Environmental Health Officer
- o Dusty Joplin, Environmental Health Officer



During the luncheon, my community partners became more acquainted and knowledgeable of the CNIPP and the purpose of networking. Together we are working to focus on making change among the native and non-native youth and community members. Thanks to all for your support and commitment.



Progress Reporting

Reminder that remaining Year IV TIPCAP quarterly progress reports are to be submitted to IHS HQ as follows:



Reports ^a	Timeframe Covered	Due Date
Fourth Quarter	6/1/09 - 8/31/09	09/30/09

^a A few sites are off by one month due to a later start date.

Violence Against Women Funding Award

Department of Justice Awards Recovery Act Grants to Support Tribal Governments and Coalitions to Combat Violence Against Women

As Department of Justice officials prepare for the first of three working sessions on tribal law enforcement issues, Attorney General Eric Holder announced on August 24, 2009, that more than \$6.7 million in Recovery Act funds was awarded to seven Tribal Governments and 10 Tribal Coalitions in eight states by the Office on Violence Against Women (OVW). The awards were made to Tribal Governments and Coalitions in Alaska, Arizona, California, Michigan, Minnesota, North Dakota, Oklahoma, South Dakota and Wisconsin. On August 20, 2009, the Justice Department announced the dates of the 2009 Tribal Nations Listening Conference and two preliminary sessions with tribal leaders and experts in law enforcement. The first preliminary session, led by Deputy Attorney General David W. Ogden and Associate Attorney General Tom Perrelli, was held August 25-26 in Seattle. The Listening Conference is part of an ongoing Justice Department initiative to increase engagement, coordination and action on tribal justice in Indian Country.

"American Indian and Alaska Native women are more likely to experience sexual assault and domestic violence than women from other racial or ethnic groups, which is why these funds are so vital," said Attorney General Holder. "As the Department of Justice convenes the Tribal Nations Listening Conference and pre-sessions, these funds are just the beginning of a renewed partnership between the Department and our tribal communities to ensure the safety of every Indian woman and address Tribes' criminal justice challenges."

The landmark American Recovery and Reinvestment Act of 2009, signed into law by President Obama, provides the Justice Department's Office on Violence Against Women (OVW) with \$20.8 million for the Indian Tribal Governments Program to decrease the number of violent crimes committed against Indian women, help Indian tribes use their independent authority to respond to crimes of violence against Indian women and make sure that people who commit violent crimes against Indian women are held responsible for their actions. The award period is 36 months. The Recovery Act provides OVW with \$2.8 million for the Tribal Domestic Violence and Sexual Assault Coalitions Program to provide much needed resources for organizing and supporting efforts to end violence against Indian women and provide technical assistance to member programs. The award period is 24 months. For more information about the Office on Violence Against Women, visit the following website: <http://www.ovw.usdoj.gov>.

The Choctaw Nation of Oklahoma received \$899,999 and American Indians Against Abuse, Inc. received \$350,300 (they serve many tribes, including Bad River and Oneida Nation in Wisconsin).

Training Opportunities/Conferences

Intermediate Injury Prevention (Level II) Course

Dates: 3/9/10-3/12/10. Location: Phoenix, AZ. This course reviews the basics of data interpretation, coalition building, program planning, evaluation, marketing and advocacy. The course will include multiple hands-on community and computer-based activities. Registration for this class will begin on 12/9/2009.

Resources

The following resources are organized by category, including: **traffic safety**; **child passenger**; **sports injury/traumatic brain injury**; **intentional injury**; and **data**.

If weblinks provided are incorrect or no longer in use, we suggest you conduct a search on the web using the resource title/name as your search phrase.



Traffic Safety

Overall Traffic Fatalities Reach Record Low: First Qtr. 2009 Traffic Fatalities Project Continued Record Trend

U.S. Department of Transportation (DOT)

The U.S. Department of Transportation has announced that the number of overall traffic fatalities reported in 2008 hit their lowest level since 1961 and that fatalities in the first three months of 2009 continue to decrease. The fatality rate, which accounts for variables like fewer miles traveled, also reached the lowest level ever recorded.

The fatality data for 2008 placed the highway death count at 37,261, a drop of 9.7 percent from 2007. The fatality rate for 2008 was 1.27 persons per 100 million VMT, about 7 percent below the rate of 1.36 recorded for 2007. Substantial declines occurred in virtually every major category, led by declines in passenger car occupant fatalities which dropped for the sixth year in a row, reaching the lowest level since DOT began keeping records. Alcohol-impaired fatalities also declined by more than 9 percent over 2007.

The 2008 annual statistics did report, however, that motorcycle deaths increased for the 11th straight year and now account for 14 percent of all highway fatalities. "While the number of highway deaths in America has decreased, we still have a long way to go," Transportation Secretary Ray LaHood said. He added that the country has made major strides in increasing seat belt use, curtailing impaired driving, making roads and highways safer, and maximizing vehicle safety, all of which play important roles in the declining death rate. To view 2008 fatality rates, including a state-by-state

rundown, visit the following website: <http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/USA%20WEB%20REPORT.HTM>.

The Breathalyzer Behind the Wheel (Article)

The New York Times (August 31, 2009)

Here are two compelling facts about ignition-interlock devices for preventing drunk driving. One is that these devices are highly effective, despite the logical possibilities for bypassing them. The second is that they are rarely installed in the cars of people who have been known to drive while intoxicated. People driving while intoxicated still cause about 13,000 deaths a year in the United States; and of the 1.4 million arrests made, one-third involve repeat offenders. The greatest potential of ignition interlocks is to reduce this recidivism. These hand-held devices, typically attached to dashboards and connected to the ignition, use fuel-cell technology to measure the concentration of alcohol in a person's breath. Although they are made by various companies, all ignition interlocks conform to strict standards of accuracy set by the National Highway Traffic Safety Administration. If too much alcohol is detected, the car will not start. A person who has been drinking might naturally think of fooling the device by persuading a sober person to start the engine, but that is not enough to subvert the system, because the device requires breath samples while the person drives — at random intervals of five minutes to an hour. (At least one company is also integrating cameras with the interlocks to photograph the driver when he provides a breath sample.) The unit keeps a log of all tests, and it is sealed so that any attempts at tampering can be detected. Ignition-interlock devices are not perfectly effective; a drunk can often borrow another car. But in one recent study they were found to reduce repeat drunk-driving offenses by 65 percent. If they were widely installed, the devices would save up to 750 lives a year, a recent National Highway Transportation Safety Administration report estimated. To view the complete article, visit: <http://www.nytimes.com/2009/08/31/opinion/31cook.html>.

Study: 1 in 10 Binge Drinkers Get On the Road (Article)

Associated Press (September 1, 2009)

One in 10 binge drinkers got behind the wheel the last time they drank heavily. And half of those drivers left from a bar, restaurant or nightclub after downing five or more drinks, a new study has found. The study is being called the first to try to measure the likelihood someone will drive after binge drinking. It suggests a need for stepped-up efforts to prevent bars and restaurants from serving people after they're intoxicated, according to its authors at the Centers for Disease Control and Prevention. The researchers focused on 14,000 "binge drinkers" — people who said that at least once month that they had five or more drinks on a single occasion. About 12 percent said

they had gone driving within two hours of their last bout of heavy drinking. Of those drivers, more than half took the wheel after drinking in a bar, restaurant or other licensed establishment. And half of the drivers who left an establishment said they had seven or more drinks; a quarter said they'd had at least 10. To view the complete article, visit the following website: <http://www.wral.com/news/science/story/5907476/>.

Driver Survey Finds Less Drinking, More Drugs (Article)

The New York Times (July 13, 2009)

Random roadside checks show that the percentage of people driving under the influence of alcohol appears to be declining, but many weekend drivers test positive for drug use. The findings come from the latest roadside survey by the National Highway Traffic Safety Administration based on breath, saliva, blood samples and questionnaires taken from randomly selected drivers in 300 locations around the United States. In 1973, 7.5 percent of drivers had a blood alcohol concentration of .08 or higher. (A level of .08 is above the legal limit in all 50 states.) In the latest survey, the percentage of people driving above the legal alcohol limit had fallen to 2.2 percent. For the first time, the roadside survey also used screening methods to detect marijuana, cocaine and prescription drugs. The survey found that 16.3 percent of nighttime weekend drivers tested positive for drugs. Nearly 9 percent had used marijuana, whereas nearly 4 percent tested positive for cocaine and a similar number had used prescription drugs. To view the complete article (which provides a link to the survey), visit: <http://well.blogs.nytimes.com/2009/07/13/driver-survey-finds-less-drinking-more-drugs/>.

Drivers Distracted When Near Schools (Article)

HealthDay News (September 1, 2009)

Here's some disturbing research to kick off the school year: A new study suggests that one in every six drivers near schools is distracted. A whole variety of activities — including chatting on cell phones, grooming, drinking, eating, smoking and even reading — are keeping drivers from focusing around school zones, the Safe Kids USA organization reported. Researchers also found that drivers who don't use seat belts are about one-third more likely to be distracted than those who are belted in, and afternoon drivers are 22 percent more likely to be distracted than morning drivers. And if you think men are the most distracted, think again: females are 21 percent more likely to be distracted than males, the study authors noted. The study results are based on more than 40,000 observations by researchers in 20 locations across the United States. "The public expects drivers to be on their best behavior when they are near schools, however, the new study shows the opposite is true when it comes to distracted driving," Moira Donahue, director of the Walk This Way program, Safe Kids' pedestrian safety program, said in a news release. "With recent research demonstrating that the driving skills of a distracted driver are as bad as or worse than an intoxicated driver, the overall relevance of this study is clear. Almost one in six

drivers in a school zone behaves like a drunk driver." Cell phones were the leading distraction for drivers in this setting, accounting for 9.8 percent of the number of incidences, according to the news release. "Multi-tasking while driving can have deadly consequences," said Donahue. "Drivers need to shut off their phones and pay attention to the road, especially in areas that are filled with children."

Survey: Most Drivers Support Regulation of Cell Phones in Cars (Article)

St. Louis Post-Dispatch (September 2, 2009)

A new study by Nationwide Insurance found that U.S. drivers are largely in favor of laws that would restrict the use of cell phones - for texting, e-mail, and talking - in cars. The results are pretty interesting when you consider that most states aren't doing all that much to stop distracted driving. The survey of 1,008 adults was conducted in early August. Among the findings:

- 80 percent of respondents support a ban on text messaging while driving.
- 80 percent of respondents support a ban on e-mailing while driving.
- 67 percent of respondents say they are supportive of laws restricting phone calls while driving.

Nationwide safety officer, Bill Windsor, said the survey should bolster the arguments of those who have been pushing for more laws targeting cell phone use by drivers. At present, no state bans cell phone use by drivers. Half a dozen required drivers to use hands-free devices. And only 18 states, including Illinois, ban text messaging by drivers. In Missouri, only drivers under 21 are barred from texting while driving. "The new information in this survey also indicates that many drivers are either in denial about their DWD (driving while distracted) habits or resistant to changing their behavior," said Windsor. "This suggests that legislation may not be enough to eliminate distracted driving and highlights the need for a technological solution that can prevent cell phone usage in moving vehicles while still allowing people to stay connected."

In Study, Texting Lifts Crash Risk by Large Margin (Article)

The New York Times (July 28, 2009)

The first study of drivers texting inside their vehicles shows that the risk sharply exceeds previous estimates based on laboratory research — and far surpasses the dangers of other driving distractions. The new study, which entailed outfitting the cabs of long-haul trucks with video cameras over 18 months, found that when the drivers texted, their collision risk was 23 times greater than when not texting. The Virginia Tech Transportation Institute, which compiled the research, also measured the time drivers took their eyes from the road to send or receive texts. In the moments before a crash or near crash, drivers typically spent nearly five seconds looking at their devices — enough time at typical highway speeds to cover more than the length of a football field. Even though trucks take longer to

stop and are less maneuverable than cars, the findings generally applied to all drivers, who tend to exhibit the same behaviors as the more than 100 truckers studied, the researchers said. Truckers, they said, do not appear to text more or less than typical car drivers, but they said the study did not compare use patterns that way. Compared with other sources of driver distraction, "texting is in its own universe of risk," said Rich Hanowski, who oversaw the study at the institute. To view article: <http://www.nytimes.com/2009/07/28/technology/28texting.html>.

Why Do People Have Drowsy Driving Crashes? Input From Drivers Who Just Did (Report)

AAA Foundation for Traffic Safety

This report describes a study sponsored by the AAA Foundation for Traffic Safety as a part of their "Wake Up!" campaign to combat drowsy driving. The report provides background information on drowsy driving and also describes measures to prevent drowsy driving crashes. To access the report (81 pages), visit the following site: <http://www.aaafoundation.org/pdf/sleep.pdf>. To learn more about the "Wake Up!" campaign, visit: <http://www.aaafoundation.org>.

"Awake at the Wheel" Drowsy Driving Prevention and Awareness Program Available

Alertness Solutions®

One in five drivers nods off at the wheel each year DWT – driving while tired – may account for up to 1.2 million crashes annually. Whatever your age or occupation, anyone can be at risk for drowsy driving. Alertness Solutions, a scientific consulting firm, has developed a driver alertness tool that combines information, self-evaluation tools, alertness strategies, travel planning, and safe driving activities in a "real time" format, guide, and audio CD. For more information, visit the following site: <http://www.awakeatthewheel.com/>.

"No Way Back," Traumatic Brain Injury (TBI) Video Featuring Young Motor Vehicle Crash Victims Available

The National Road Safety Foundation (NRSF)

The National Road Safety Foundation (NRSF) recently released its latest free program, "No Way Back," which includes four video vignettes of young people who suffered traumatic brain injury as a result of traffic crashes. Free copies of "No Way Back" and other NRSF programs on speed and aggression, drinking and driving, and drowsy driving can be ordered online or downloaded from The National Road Safety Foundation' website at: <http://www.nrsf.org>. Multiple copies can be ordered, also free of charge, for use in classrooms and other group showings.

AAA Foundation Recommends Brain Fitness Software to Cut Auto Crash Risk, Improve Driving

AAA Foundation for Traffic Safety (July 13, 2009)

The AAA Foundation for Traffic Safety has joined with Posit Science, the leading provider of brain fitness programs, to enhance driver safety by improving drivers' minds. The

AAA Foundation is recommending a new, groundbreaking safety program called DriveSharp™ which Posit Science released to the public in July 2009. DriveSharp is an interactive series of game-like computer exercises shown in independent studies to improve reaction time, reduce crash risk and increase control in most driving conditions. "Part of making our nation's roads safer is helping mature drivers who wish to stay active - a quickly growing population - maintain or improve their driving safety," said AAA Foundation CEO Peter Kissinger. "We are very excited to join with Posit Science in bringing this unique technology to everyone looking for ways to think faster on the road." DriveSharp consists of two computer-based exercises with over ten hours of play that improves reaction time, visual processing speed, useful field of view and driving ability. DriveSharp's technology has been extensively validated in studies funded by the National Institutes of Health and its benefits documented in dozens of peer-reviewed articles in leading science and medical journals. Most notably, the technology in DriveSharp has been shown to cut crash risk by up to 50 percent, improve stopping distance by up to 22 feet at 55 miles per hour, and assist drivers in maintaining safe driving abilities as they age. For more information about DriveSharp, visit: <http://www.drivesharpnow.com>; participating AAA clubs are offering DriveSharp to members at the discounted price of \$99 for a limited time only. DriveSharp retails at \$139, but is available from the company's website for \$129. For more information visit: <http://www.AAAFoundation.org>.

Older Drivers Unaware of Prescription Risks (Article) *USA Today (August 12, 2009)*

Many older drivers who take medications that could affect their performance behind the wheel are unaware of the risks associated with those drugs, according to a new study from the AAA Foundation for Traffic Safety. Just 28% of people ages 56-93 knew that their medicines could affect their driving ability, according to detailed interviews of 630 adults in Alabama conducted from September through December. Perhaps most unsettling, researchers found that the drivers' awareness of potential side effects decreased with age just as the number of prescription medications people take increased. The number of drivers age 55 and older is expected to increase by more than half by 2030, according to the AAA Foundation, a non-profit research group working to prevent traffic crashes and reduce injuries. "We as a society are not getting the message to these older drivers," says Peter Kissinger, president and CEO of the AAA Foundation. "Health care professionals need to do a better job of educating patients. Family members of older drivers need to be much more engaged. They need to find out what medications their relatives are on, talk to a pharmacist if necessary. It's something that could avoid a catastrophe." To view the complete article, visit the following site:

http://www.usatoday.com/news/health/2009-08-11-drivermeds_N.html.

Child Safety

Deaths and Near Strangulations Prompt Massive Recall of Window Coverings U.S. Consumer Product Safety Commission (August 26, 2009)

Three strangulation deaths and seven near strangulations have prompted the U.S. Consumer Product Safety Commission (CPSC) to issue a massive recall of window coverings. Six companies, including *IKEA* and *Pottery Barn Kids*, are recalling 5.5 million Roman shades, roll-up shades and other window coverings. All of these products have a similar deadly hazard, young children can strangle when their neck gets trapped in the exposed cords. For a complete list of the recalls, please visit our web site at <http://www.cpsc.gov>. You may also download a public safety announcement PSA, at: <http://www.cpsc.gov/vnr/asfroot/blinds.aspx>. About once a month a young child dies in this country from a window cord strangulation. Due to the life-threatening hazard these window coverings pose to children, CPSC urges all consumers to examine all shades and blinds in their homes. If looped pull cords, exposed inner cords, or exposed lifting loops are found, replace the blinds or shades with products that do not have these dangerous strangulation hazards.

Two Additional Deaths Prompt Re-Announcement of Simplicity™ "Close-Sleeper/Bedside Sleeper" Bassinets U.S. Consumer Product Safety Commission (Aug. 20, 2009)

The U.S. Consumer Product Safety Commission (CPSC) is once again urging all parents and caregivers to immediately stop using convertible "close-sleeper/bedside sleeper" bassinets manufactured by Simplicity Inc., of Reading, PA. CPSC has learned of two additional infant deaths since the August 2008 safety alert and recall announcements. To date, CPSC is aware of four infants who have died in the close-sleeper bassinets. To see pictures of the Simplicity 3-in-1 and 4-in-1 convertible bassinets and for more information visit: <http://www.cpsc.gov/CPSCPUB/PREREL/prhtml09/09319.html>.

Athletic Injury/Traumatic Brain Injury

Sports Imperative: Protecting Young Brains (Newspaper Article) *The New York Times (August 25, 2009)*

Attention players, parents, coaches, trainers and doctors. The injury experts have a message. You've probably heard it before, but the moment is right to hear it again: If young athletes want to preserve their brains after a head injury, however minor, the typical jock advice to suck it up and get back in the game is not only bad, it's potentially life-threatening. Now, before the playing season starts, is the time for baseline testing of athletes involved in sports where head hits are common. With pre-injury results in hand, coaches and doctors are far better able to determine whether a concussion has

occurred and if and when the brain has recovered. It is also time to abandon the notion that a seemingly minor hit that causes a player to see stars or become briefly disoriented is "just a ding." It is not "just" anything — it's a mild concussion that must be taken seriously. "If in doubt, sit them out" is the strong recommendation of Dr. Robert C. Cantu, one of the nation's leading experts on sports-related concussions and their consequences. Dr. Cantu, a co-author of the National Athletic Trainers' Association position paper on managing sport-related concussion, emphasized in an interview, "No athlete should be physically exerting himself if he has any concussion-related symptom." To view the complete article, visit: <http://www.nytimes.com/2009/08/25/health/25brod.html>.

Symptom List Helps to Gauge Head Injuries (Article)

The New York Times (August 24, 2009)

Dr. Robert C. Cantu, a neurosurgeon who is an expert on sports-related concussions, says every parent with a child who plays a contact or collision sport should have what is called the *Graded Symptom Checklist*. Issued by the National Athletic Trainers' Association, the checklist should be used at the time of a head injury and at least four times afterward: at 2 to 3 hours, 24 hours, 48 hours and 72 hours after the injury, or until all symptoms have cleared. The checklist can help determine whether a concussion has occurred, its severity and whether a player is fit to return to the game. But the checklist is also important to use later, on the recommended schedule, because symptoms of a concussion are sometimes delayed. A player who sustained a direct or indirect blow to the brain may feel all right initially, then develop symptoms hours or days later. Athletic trainers, doctors or other medical personnel who suspect that an athlete has suffered a concussion can use the checklist to evaluate a player both at rest and during physical exertion. Coaches and parents can be trained to use it as well. Professional evaluators, parents and players must understand that a return of symptoms when a brain-injured athlete is physically or cognitively stressed is a clear sign that the brain has not healed. "Any one of these symptoms occurring in the aftermath of a head trauma would disqualify an athlete from participating in the sport," emphasized Dr. Cantu, co-director of the Center for the Study of Traumatic Encephalopathy at Boston University School of Medicine. "No athlete should be engaged in physical exertion if any symptom is present." To view the complete article, visit the following website: http://www.nytimes.com/2009/08/25/health/25bside.html?_r=1&ref=health.

Intentional Injury

Guide Seeks to Heal the Wounds of Children Exposed to Violence (July 2009) Office of Juvenile Justice and Delinquency Prevention (OJJDP)

The Office of Juvenile Justice and Delinquency Prevention's Safe Start Center has published "Healing the Invisible Wounds: Children's Exposure to Violence." The guide (available in English and Spanish), offers informative tips on how to recognize the signs of children's exposure to violence and helpful advice on helping children thus exposed. Exposure to violence is a pervasive problem that crosses all ages, and the guide provides specific information pertaining to children of various ages, as well as a list of useful resources. To access the guide, visit: <http://cart.safestartcenter.org/>.

COPS Guide Addresses Bullying in Schools

U.S. Department of Justice (DOJ), Office of Community Oriented Policing Services (COPS)

There is always concern about school violence, and police have assumed greater responsibility for helping school officials ensure students' safety. As pressure increases to place officers in schools, police agencies must decide how best to contribute to student safety. This guide provides police with information about the causes and extent of bullying in schools and recommendations for developing effective approaches and practices that contribute to student safety. To access <http://www.cops.usdoj.gov/RIC/ResourceDetail.aspx?RID=18>.

Data

Ten Leading Cause of Death and Injury Charts

National Center for Injury Prevention and Control (NCIPC)

The National Center for Injury Prevention and Control has updated their Ten Leading Cause of Death and Injury Charts. By accessing these charts, you can view and download color charts of:

- All causes of deaths,
- Causes of nonfatal injuries treated in US hospital emergency departments,
- Causes of injury death highlighting unintentional injury,
- Causes of injury death highlighting violence.

These charts are available as pdf and jpg files. The jpg files can be easily downloaded into slides for graphic presentations. These charts are provided for the two most recent years of data available. The death data are from the National Vital Statistics System of the National Center for Health Statistics, and the nonfatal injury data are from National Electronic Injury Surveillance System, All Injury Program operated by the US Consumer Product Safety Commission in collaboration with NCIPC. For more detailed information, please visit WISQARS (Web-based Injury Statistics Query and Reporting System), where you will find more specifics on these leading cause of death charts; up to 20 leading causes of death; data for different age groups, or by sex, race and ethnicity. To access "Ten Leading Cause of Death and Injury Charts": <http://www.cdc.gov/injury/wisqars/LeadingCauses.html>. To access WISQARS, visit the following website: <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>.

2009 Kids Count Data Available

Annie E. Casey Foundation (August 2009)

Casey's 20th annual *KIDS COUNT Data Book* provides a national and state-by-state look at the status of children in the United States. This year's companion essay outlines a series of action steps to improve the nation's use of data in creating policies that improve outcomes for children and families. For more information, visit: <http://datacenter.kidscount.org/>. To view the Data Book visit the following webpage: <http://datacenter.kidscount.org/databook/2009/Default.aspx>, to access PDF files, view state profiles, and see how states rank on 10 key measures of child wellbeing.

Calendar Check

Listed below are upcoming IP-related activities and calendar events. Use the links provided below to search using the title of the calendar event.



October

October 5: National Child Health Day

www.mchb.hrsa.gov

Halloween Safety Month

www.preventblindness.org

Let's Talk Month

www.advocatesforyouth.org/NEWS/events/letstalk.htm

National Domestic Violence Awareness Month

www.dvam.vawnet.org

November

November 21

National Survivors of Suicide Day

www.asfp.org

December

Safe Toys and Gifts Month

www.preventblindness.org

About this Newsletter

Initiated in 1997 to build the capacity of American Indian/Alaska Native Tribes and Tribal Organizations to address their injury problems, TIPCAP is in its third funding cycle. Staff and faculty from the University of North Carolina's Gillings School of Global Public Health, Department of Health Behavior & Health Education, produce this newsletter as part of a technical assistance contract to support TIPCAP.

The following 22 Tribes/Tribal Organizations are currently funded for Part I-Basic and Part I-Advanced projects:

Part I-Advanced Sites

1. Caddo, OK
2. California Rural Indian Health Board, CA
3. Fond du Lac Band of Lake Superior Chippewa, MN
4. Hardrock Chapter, AZ
5. Jemez Pueblo, NM
6. Kaw, OK
7. Navajo Nation Highway Safety Program, AZ
8. Northern Native American Health Alliance, WI
9. SouthEast Alaska Regional Health Consortium, AK

Part I-Basic Sites

1. Bristol Bay Area Health Corporation, AK
2. Choctaw, OK
3. Indian Health Council, CA
4. Kiowa, OK
5. Norton Sound Health Corporation, AK
6. Oneida Tribe of Wisconsin, WI
7. Osage, OK
8. Quechan Indian Tribe, CA
9. San Felipe Pueblo, NM
10. Sisseton-Wahpeton Oyate, SD
11. Standing Rock Sioux, ND
12. Toiyabe Indian Health Project, CA
13. White Mountain Apache, AZ

Please contact UNC or IHS representatives listed below for questions, submissions, technical assistance.

University of North Carolina

Robert J. Letourneau, MPH 919-966-3920

Robert.Letourneau@unc.edu

Carolyn Crump, PhD 919-966-5598

Carolyn.Crump@unc.edu

137 E. Franklin Street, Suite 21, CB#7506
Chapel Hill, NC 27599-7506 Fax: 919-966-7955

Indian Health Service

Nancy Bill, MPH, CHES

301-443-0105

nancy.bill@ihs.gov

Susan McCracken, MPH

301-443-9854

Susan.McCracken@ihs.gov

Kimberly Pendleton

301-443-2214

Kimberly.Pendleton@ihs.gov